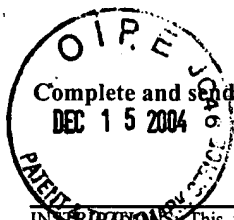


12-16-4

EXPRESS MAIL NO. EV449565383US

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (703) 746-4000

DAE B
 (I)

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

00500 7590 10/28/2004

SEED INTELLECTUAL PROPERTY LAW GROUP PLLC
 701 FIFTH AVE
 SUITE 6300
 SEATTLE, WA 98104-7092

12/17/2004 HVUONG2 00000038 10648812

01 FC:1504 300.00 OP
 02 FC:1501 1400.00 OP
 03 FC:8001 8.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

| |
|--------------------|
| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/648,812 | 08/26/2003 | Scott E. Zook | 690068.569 | 4567 |

TITLE OF INVENTION: NOVEL POLYMORPH OF
 N-METHYL-N-(3-{3-[2-THIENYL-CARBONYL]-PYRAZOL-[1,5-ALPHA]-PYRIMIDIN-7-YL}PHENYL)ACETAMIDE
 RELATED THERETO AND COMPOSITIONS AND METHODS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|--------------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | NO | 81370 1400 | \$300 | 81670 1700 | 01/28/2005 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| MCKENZIE, THOMAS C | 1624 | 514-259300 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Seed IP Law Group PLLC

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Neurocrine Biosciences, Inc.

San Diego, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

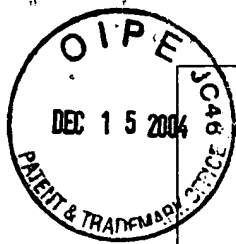
Date December 15, 2004

Typed or printed name Karl R. Hermanns

Registration No. 33,507

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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EXPRESS MAIL NO. EV449565383US

**TRANSMITTAL
FORM**(To be used for all correspondence
after initial filing)

| | |
|----------------------|--------------------|
| Application Number | 10/648,812 |
| Filing Date | August 26, 2003 |
| First Named Inventor | Scott E. Zook |
| Art Unit | 1624 |
| Examiner Name | Thomas C. McKenzie |
| Attorney Docket No. | 690068.569 |

ENCLOSURES (check all that apply)

| | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Declaration | <input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): |
| <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 | <input type="checkbox"/> Statement under 37 CFR 3.73(b) | <u>PTOL-85 (+ copy)</u> |
| <input type="checkbox"/> Cited References | <input type="checkbox"/> Terminal Disclaimer | <u>Application for Patent Term Adjustment</u> |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | <u>Copy of Determination of Patent Term Adjustment</u> |
| <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 | <input type="checkbox"/> CD, Number _____ | <u>Copy of Date-Stamped Returned Postcard for Response to Notice to File Missing Parts</u> |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------------------------|-----------------|---------|
| Firm Name | Seed Intellectual Property Law Group PLLC | Customer Number | 00500 |
| Signature | | | |
| Printed Name | Karl R. Hermanns | | |
| Date | December 15, 2004 | Reg. No. | 33,5097 |

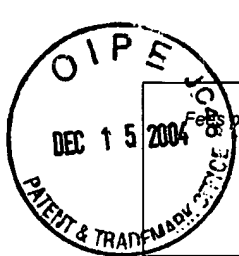
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|--|-------|--|
| Signature | | | |
| Typed or printed name | | Date: | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

541804_1.DOC



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2005****Complete if Known**

| | |
|----------------------|--------------------|
| Application Number | 10/648,812 |
| Filing Date | August 26, 2003 |
| First Named Inventor | Scott E. Zook |
| Examiner Name | Thomas C. McKenzie |
| Art Unit | 1624 |
| Attorney Docket No. | 690068.569 |

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$1,909)**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☐ Charge any additional fee(s) or underpayments☒ Charge any underpayments or credit any overpayments

of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form.

Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|---------------------------------|-------------|---------------------------------|------------------|---------------------------------|----------------|
| | Fee (\$) | <u>Small Entity</u> Fee (\$) | Fee (\$) | <u>Small Entity</u> Fee (\$) | Fee (\$) | <u>Small Entity</u> Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | <u>Small Entity</u> Fee (\$) |
|---------------------------------------------------------------------------------------------------------|----------|---------------------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|------------------------------------------------------------------|--------------|---------------|---------------|---------------------------|---------------|
| _____ -20 or HP = _____ | X | _____ = _____ | _____ | Fee (\$) | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20 | | | | | |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|------------------------|--------------|---------------|---------------|
| _____ -3 or HP = _____ | X | _____ = _____ | _____ |

HP = highest number of total claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------------|--------------|--------------------------------------------------|----------|---------------|
| _____ -100 = _____ | /50 = _____ | _____ (round up to a whole number) | x _____ | _____ |

HP = highest number of total claims paid for, if greater than 20

4. OTHER FEE(S)Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other: Issue Fee (Large Entity)1,400Publication Fee300Patent Soft Copies (3 @ \$3)9Application for Patent Term Adjustment200**SUBMITTED BY**

| | | | | | |
|-------------------|------------------|--------------------------------------|-------------------|-----------|--------------|
| Signature | | Registration No. (Attorney/Agent) | 33,507 | Telephone | 206-622-4900 |
| Name (Print/Type) | Karl R. Hermanns | Date | December 15, 2004 | | |